

L21000013982

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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MAIL

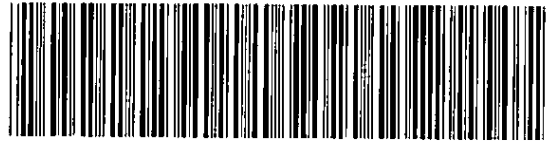
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

*[Handwritten signature]*

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SCREEN PRODUCTS DIRECT LLC

\_\_\_\_\_  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

STEVE PFEFFER

\_\_\_\_\_  
Name of Person

SCREEN PRODUCTS DIRECT LLC

\_\_\_\_\_  
Firm/Company

PO BOX 4211

\_\_\_\_\_  
Address

SEVIERVILLE, TN 37864

\_\_\_\_\_  
City/State and Zip Code

KNOXBOOKANDTAX@OUTLOOK.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

STEVE PFEFFER

\_\_\_\_\_  
Name of Person

865 556-6686  
at ( )

\_\_\_\_\_  
Area Code & Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**Enclosed is a check for the following amount:**

☐ \$25 Filing Fee

☒ \$55 Filing Fee & Certified Copy

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR  
LIMITED LIABILITY COMPANY**

*Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.*

1. Name of the limited liability company: SCREEN PRODUCTS DIRECT LLC

2. (a) 5506 Independence CT Suite A, Punta Gorda FL, 33982 (b) P.O. Box 4221 Sevierville, TN 37864

Principal office address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**)

Mailing address of limited liability company:  
(Note: **MAY BE POST OFFICE BOX**)

01/04/2021

L21000013982

3. Date of filing/registration in Florida

4. Document number

5. (a) Steve Pfeffer

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Steve Pfeffer

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**

2632 SE 19th PL

Cape Coral, FL 33904

(b) Steve Pfeffer

Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

Steve Pfeffer

**NEW** Registered Office Address:

5506 Independence CT Suite A

Punta Gorda, FL 33982

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Steve Pfeffer  
Signature of a member or authorized representative of a member

Steve Pfeffer  
Printed or typed name of signee

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

Steve Pfeffer  
Signature of Registered Agent

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